



LOGIN INFORMATION

- ❖ **User Name:** _____
- ❖ **Password:** _____
- ❖ **Federal Employer ID or Social Security Number:** _____

COMPANY INFORMATION

- ❖ **Company Name:** _____
Address: _____
City: _____
State: _____ Zip: _____
- ❖ **Primary Contact Information**
Title: _____
First Name: _____ Middle Initial: _____
Last Name: _____
Primary Contact Phone Number: _____
Primary Contact Fax Phone Number: _____
Primary Contact Email Address: _____
Company Web Site: _____
Link For Job Applicants: _____
Number of Employees (Company Size): _____
Are you a Federal Contractor? ☐ Yes ☐ No
- ❖ **Benefits Offered**
Check each benefit that is generally offered to one or more employees.
☐ Medical ☐ Dental ☐ Vision ☐ None ☐ Other _____

JOB DETAIL INFORMATION

- ❖ **Job Title:** _____
Number of open positions for this job order: _____
Earliest Date to display this job order in the system: _____
Last Date to display this job order in the system: _____
☐ Full Time ☐ Part Time
Test Requirement: _____
Hiring Requirement: _____
Years of Education Required: _____
Is a driver's license required for this position? ☐ Yes ☐ No
Minimum Salary: _____ Maximum Salary: _____